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ABSTRACT

This paper examines the problem of defining quality in early childhood centers, the nature of evaluation methods, and the contributions of research to the promotion of high quality. The concept of quality is multidimensional and dynamic, and there is no consensus about a definition of quality in the literature. Quality can be viewed from many perspectives, though the dominant perspective is that of child development. There are a number of mechanisms and strategies for promoting high quality. These include staff training, public funding and related support, sponsorship of centers, and assessment instruments. Sponsorship can be under state or private auspices, and involves such issues as licensing and fiscal regulation, quality monitoring systems, and staff certification and center accreditation. Assessment instruments include the Day Care Quality Assessment Instrument, the Parent Guide to Quality Day Care, and the Early Childhood Environment Rating Scale. Research on such issues as differences between practitioners' perceived and actual practice can strengthen the knowledge about quality. The research process should involve parents and practitioners. The paper includes a list of 54 references. (BC)

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Defining and Assessing Quality in Early Childhood Centres

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Paper presented at the New Zealand Council for Educational Research invitational seminar: "Direction for Assessment in Early Childhood", 7 November, 1989. Wellington.

ABSTRACT

This paper examines the problems of defining quality in early childhood centres, the nature and effectiveness of quality monitoring and evaluation methods, and how researchers may contribute to the promotion of quality in early education and care through their efforts to examine issues of quality and to develop assessment methods.

References to quality are ubiquitous in the discourse of early childhood practitioners, parents, and those concerned about early education and care. It is claimed that we "know what is important for quality early education and care, so let us get on with the task of providing it" (Early Childhood Care and Education Working Group, 1988; Smith & Swain 1988; Wylie, 1988). But do we? Our knowledge is largely based on overseas research, the majority of studies focusing on the identification of variations in centre organization and environment that effect children's development as measured through standardized testing and observation. For epistemological, methodological, cultural and philosophical reasons application of overseas research findings to the New Zealand context without an understanding of how quality is defined, the appropriateness of different quality monitoring and assessment procedures for different early childhood movements, the extent to which views on quality are reflected in practice, and the real-life constraints on achieving goals for high-quality appears problematic.

Quality has come to be the main issue facing the early childhood field after a long struggle for social recognition, public support, and greater cohesion and co-ordination in administration of the different early childhood services (Cook, 1985). The Government has structured new approaches that address the issues of fragmentation and inequity which have historically hampered the provision of quality early education and care (Before Five, 1988; Burns, 1989). Whether these initiatives will have an impact on service and programme quality and what their consequences will be for the early childhood field remains uncertain. What is certain is that the field is in a period of considerable change.

The "first generation" of early childhood research (1960s to 1970's) focused on the question of whether young children should receive early childhood programme experience or remain at home. Atypical high-quality university and research created settings were used to draw comparisons between centre effects and home effects. The findings of these studies suggested that it was not sufficient to examine whether children should be in early childhood programmes but rather a more important concern seemed to be the programme factors that effected better outcomes. Hence a "second generation" of research carried out on typical centres emerged (1970's to early 1980's). Now in the midst of a "third generation" researchers are examining how cultural and family factors combine with programme variables to produce child outcomes. Researchers are tending towards the adoption of an ecological perspective (Bronfenbrenner, 1977). Yet little study has been carried out of how early childhood centres and communities develop their understanding of quality and this could be considered a major component of an ecological perspective on quality.

Research findings suggest that good-quality early education and care holds positive benefits for children, their families and society (Howes, 1986; Smith and Swain, 1988). Smith and Swain have reviewed the literature from their perspective as New Zealand researchers, and provide arguments for assuring programme quality in the following key areas: staff/child ratio, staff training, staff interactions with children, group size, programme organization and structure, peer group stability, physical aspects of care, parent involvement, individual differences, and centre auspices. The links between family and centre experience in influencing child outcomes has been studied. Higher quality centres appear to be associated with greater resources in families (Goelman & Pence, 1987), more optimal child rearing attitudes (Phillips, McCartney, & Scarr, 1987) and less family stress (Howes & Olenick, 1986). Evidence is also emerging that high-quality programmes may have a positive impact on child development even with socio-economic differences in home background taken into account (Owen and Henderson, 1989). This suggests that all children would benefit if high-quality early education were universally available.

THE CONCEPT

> *"In a sense, he said, it's the student's choice of Quality that defines him. People differ about Quality, not because Quality is different, but because people are different in terms of experience".*
> *Zen and the Art of Motorcycle Maintenance*
> *(Pirsig, 1974)*

The concept of quality is multi-dimensional. Many factors interact in various ways to produce certain programme qualities. For example, increasing the number of staff to children may not necessarily result in more staff-child interaction and an increase in children's language skills. It may instead lead to greater staff-staff interaction and less staff-child interaction (Tizard, Philps, & Plewis, 1976). Staff rosters, the total number of children and the amount of space available for movement and for privacy, and practitioners understanding of language development are some factors that may mediate the direct influence of improvements in the adult-child ratio.

Quality is a dynamic concept. Changes in what we regard as quality early education and care have occurred throughout the history of provision and will continue to occur for many reasons including: research developments, the strengthening of the knowledge base about issues of quality in early education and care, changes in public policy and funding, and the introduction of new staff training courses or changes in the content of existing courses.

Phillips (1987) proposes that quality be viewed as a configuration of factors rather than as a number of discrete factors. Research findings suggest that the old adage that "good things go together" may well be the case when it comes to understanding what comprise quality early education and care. Vandell and Powers (1983) found that high-quality university-run centres tended to have higher adult-child ratios, higher levels of staff training, and larger amounts of space per child, than lower quality centres.

Lero and Kyle (1985) note that there exists no single agreed-upon definition of quality that adequately captures its meaning for the early childhood field. They report that lack of consensus in the literature on the meaning of quality is due to early childhood services holding different goals and serving different functions, differences in semantics for defining quality or high quality, and whether quality is defined at the programme or the service level.

Although there exists no agreed-upon definition of quality in the literature, there is a common view that a poor-quality programme can be distinguished from a high-quality programme by the extent to which certain quality indicators are present. The quality indicators identified and tested by research are treated as universal yardsticks of centre quality, regardless of differences in programme philosophy and ideology. For example, Smith and Swain outline the key indicators of quality early education and care and describe what a poor-quality and a good-quality programme may look like according to research and their beliefs as researchers and academics. There is however little empirical evidence of what indicates quality specifically in the New Zealand early childhood context and the extent to which the different quality indicators are indicative of variations in the quality of centres according to the views of practitioners, parents, community members, and policy-makers and administrators.

Perceptions of what constitutes quality in early childhood education and care appear to be:

> *"as much a product of the morality and other values of the times as it is a product of what we know about what we are doing, what we have inherited from our past practices and generations, and what we value". (Common, 1987, 10-1)*

Thomas (1986) presents a two-tier approach for identifying universal and culturally specific characteristics of quality early education and care. This approach may be useful for examining the relevance and the limitations of overseas empirical findings and for developing a picture of what constitutes quality in relation to the goals of New Zealand society for early childhood education and care.

PERSPECTIVES

Farquhar (in press) has identified and described a number of different ways of viewing quality in early childhood centres. Quality may be viewed from any one or combination of the following perspectives: child development, cultural, parent, staff, child, social/policy and funding, government/regulatory, and social service. In the literature the traditional and dominant perspective is the child development one.

Other perspectives are important to study given the inter-relatedness of programme factors and the richness and diversity of individual programmes and the early childhood field. For example, the study of quality from the perspective of early childhood practitioners can suggest whether staff working conditions are conducive to low-levels of staff stress, optimal levels of positive staff-child interaction, and good staff-parent relations.

It should be noted that there are many links and overlaps between the various perspectives. For example, practitioners views on the quality of their working environment and its rewards appear to be linked to problems of recruitment and retention of trained and competent staff (Whitebook & Granger, 1989) which in turn influence the nature of children's experiences (child development perspective), parents and children's perceptions of the quality of their centre and experiences in it (parent and child perspectives), and highlights possible needs for government intervention and changes in policy (government/regulatory perspective and social/policy and funding perspective).

MECHANISMS AND STRATEGIES TO PROMOTE QUALITY

A review of different mechanisms and strategies for assuring quality in early education and care indicates that some are more effective than others in promoting higher quality standards. Lero and Kyle (1985) make two astute comments that should be kept in mind when examining the relative usefulness of each strategy. First, each strategy is able to address some aspects of quality but not others. Second, quality in early education and care results from several strategies that combine to maximize their benefits.

Staff Training

The quality of the staff in a centre is a most important influence on the quality of early education and care (Feeney & Chun, 1985; Willer, 1987). Staff training related to child development and educational theory is strongly supported by research (Berk, 1985; Howes, 1983; Kaplan & Conn, 1984; Ruopp, Travers, Glantz, & Coelen, 1979). In New Zealand, there is public policy recognition of the importance of trained staff and continuing education opportunities as a programme quality assurance mechanism. However, there appears to a major problem in the recruitment and retention of trained staff. This has probably not been helped by the traditionally low status and remuneration of early childhood staff (Early Childhood Care and Education Working Group, 1988).

Public Funding

Factors that contribute to the general quality of children's and adults experiences such as time off for staff to attend training courses and the purchase and maintenance of developmentally appropriate play equipment also contribute to the costs of running a centre (Willer, 1987). Centres that cater mainly for low-income families and centres that try to keep their fee charges at a level parents can afford are likely to be lower in quality than centres who are able to charge fees at a level that involves negligible trade-off between quality and cost (Ruopp & Travers, 1982). The amount of public funding, the form it takes, and the directions that are given on spending will thus have a significant impact on centre quality levels.

Auspices of Centres

A movement towards State owned early childhood services in New Zealand has been argued to be a way of ensuring good-quality programmes (Cook, 1985; Public Service Association, 1982). Ellison (1986) found that among Canadian centres non-private (public and community) tended to better quality than private centres (chain-profit and small-profit). Small private centres varied most in quality with some being of very high quality and some of low quality. Ellison suggests that in order to promote high quality standards policy-makers and researchers should focus their concern on the level of subsidies centres receive and the equity of funding between private and non-private centres, rather than on centre auspices.

Licensing and Fiscal Regulation

The literature on licensing and fiscal regulation and its relationship to the quality of early education and care suggests the ineffectiveness of these methods for promoting high quality standards. Licensing criteria and fiscal regulation are essential to provide a floor of basic quality below which programmes should not fall (Morgan, 1985). The introduction of licensing standards across all service types and the National Guidelines for chartered services (fulfilment of which has been made contingent on centre funding from VOTE:Education) may initially increase quality levels. However, as centres meet criteria a new baseline of quality will emerge. Research findings suggest that licensing criteria are not necessarily synonymous with quality criteria predictive of positive effects on child development (Kontos & Fiene, 1986). Problems with national implementation of standards for quality early education and care can include: the adequacy of monitoring procedures, the consistency and fairness of evaluative judgements across centres and between monitors, lack of clarity and difficulty in measuring fulfilment of requirements, and differences among practitioners in their philosophical attitude towards the importance of some requirements (Assessment of Barriers, 1976; Wylie, 1988).

National Quality Monitoring Systems

In the United States, Fiene (1987) has identified the items contained in the child care regulations of the different States that are associated with positive child outcomes, lead to programme improvements, and predict centre compliance levels (Fiene, 1987). These licensing-quality indicators have been developed into an instrument for States to use and to also incorporate into their compliance monitoring procedures. It should be noted however, that this strategy has the same limitations as licensing and fiscal regulation in providing no incentive for centres to achieve higher levels of quality.

Certification of Staff Competencies and Centre Accreditation

In the United States the Child Development Associate (CDA) Program which focuses on the skills of staff and the Center Accreditation Program (CAP) which focuses on the quality of the centre environment and programme organisation, are voluntary mechanisms developed from within the early childhood field to promote standards of high-quality. The CDA program and the CAP quality assessment items have been formulated to respect differences in programme philosophy, cultural beliefs and values, and community characteristics.

Early childhood staff with formal qualifications, non-qualified staff, and parents can apply for recognition as a CDA. A major benefit of the CDA scheme for participants has proven to be enhanced self-esteem and personal confidence. Participants receive confirmation from a range of different people (a parent/community representative, a local adviser, and a national representative of the CDA Program) that they are competent caregivers and educators.

The CAP was designed to improve centre quality by encouraging staff to engage in on-going formative evaluation of their own programme. There is a considerable literature on the value of self-study for improving institutional performance and standards (Kells, 1983). Carter (1986) has found that the process of becoming an accredited programme encourages community and parental involvement in fundraising to raise quality levels whilst management boards often more readily approve spending on identified areas of need.

Quality Assessment Instruments

A number of centre assessment instruments have been developed for research purposes, the early childhood field and parents. Some reputable instruments representative of the range available include: *The Daycare Quality Assessment Instrument* (Peterson & Peterson, 1986); *The Parent Guide to Quality Day Care Centres* (Bradbard & Endsley, 1978a); and the *Early Childhood Environment Rating Scale* (Harms & Clifford, 1980).

The Day Care Quality Assessment Instrument was designed by Peterson and Peterson in order to discriminate between the centres that were of high, intermediate and poor quality in their study. It was developed after consultation with approximately 24 early childhood staff. The instrument measures the following areas: variety of equipment, teacher behaviour, adult/child ratio, child orientation of facilities, physical environment, curriculum and activities. Implementation of the instrument requires two days of observation and rating, comprising of: an equipment checklist, observation of staff involvement with children and physical distance from them, a centre questionnaire on the setting and activities, and global ratings of staff behaviour by the assessor.

The Parent Guide to Quality Day Care is a summative evaluation instrument developed to assist parents in the selection of a quality programme. It is divided into two parts: a list of items describing quality programmes and a global nine-point rating scale of quality. Measurement items were derived from the literature and presented to early childhood experts and mothers of young children to test the operational clarity and face validity of each item. The instrument contains 65 items under five subheadings: health and safety, interactions, materials and activities, home-centre co-ordination, and physical space. Implementation of the items portion of the guide takes between 20 to 30 minutes. Field testing has indicated that the Parent Guide enables women inexperienced in centre selection to make more discriminating judgements of quality as compared with those who did not have a tested guide (Bradbard & Endsley, 1978b).

The Early Childhood Environment Rating Scale (ECERS) is a formative evaluation instrument designed to provide practitioners with information about the quality of the centre environment and to indicate ways that the environment may be further improved for children and adults. It contains 37 measurement items categorised into seven subscales: personal care routines, furnishings and display, language-reasoning experiences, fine and gross motor activities, creative activities, social development, and adult needs. Implementation of the ECERS takes approximately two hours. The main advantage of the ECERS seems to be its value as a self-study in-service training tool (Farquhar, 1989; Kontos and Stevens 1985).

THE ROLE OF RESEARCH IN THE IMPROVEMENT OF EARLY EDUCATION AND CARE

Silin (1987) states that early education and care is a unique field of study and action. Unlike the compulsory school sector early childhood services have not traditionally been held accountable for staff performance and child outcomes. Early education is probably education in its purist form since it is grounded in theoretical and pedagogical principles of good practice rather than being determined by external pressures (Lloyd, 1983).

Research needs to be meaningful and relevant to the early childhood field if it is to have an impact on the quality of the field and on individual programmes. The involvement of practitioners and parents in the research process of deciding upon evaluative criteria, the assessment methods to be used, and how the results may be used to enhance centre quality is advocated given that:

> *"Child care settings tend to be small, intimate and self-contained. They have a culture of their own where the quality of interaction is important. Child care professionals have privileged access to these settings and share the perspective needed to record and relate the processes which occur there" (Porter 1982, p. 52).*

VanderVen and Mattingly (1981) state that research which is integrated with practice and involves educators, practitioners and others concerned with early education and care, will:

> *"ultimately upgrade the quality of care ... contribute towards a better articulation of those child care practices that positively affect children, and produce more knowledgeable practitioners who can design and then evaluate these practices" (p. 287).*

It seems that if the status of the field is to be raised and if practitioners are to have the professional recognition they deserve the knowledge base must be strengthened (Powell, 1982; Silin, 1987; VanderVen & Mattingly, 1981).

A problem of congruence between practitioners perceptions of their practice and their actual practice has been found in overseas studies (Verma & Peters, 1975; Wood, McMahon, & Cranstoun, 1980). In a study of six Wellington early childhood centres, Meade (1985) found that practitioners had difficulty in articulating the reasons for their practices. Meade suggests the usefulness of a centre quality evaluation instrument to provide practitioners with a tool to study the quality of their programme in relation to their beliefs. Farquhar (1989) implemented the ECERS instrument in eight Christchurch childcare centres and found that although the cultural relevance of the instrument was questionable, the feedback provided to supervisors was useful in helping them to examine their professed goals in relation to programme practice.

Research can play an important role in strengthening the knowledge base of the early childhood field and in providing information and examining strategies that will ultimately lead to improvements in practice. Swain and Swain (1982) carried out a research project for the Hamilton Day Care Centres Trust and examined the perceptions of parents using a centre on the characteristics of good-quality childcare. Smith and Haggerty (1979) observed the behaviour of staff in a Dunedin childcare centre for the purpose of providing staff with formative feedback on the quality of their interactions with children in relation to empirical literature.

Currently we lack a clear understanding of the value systems within the New Zealand context which underlie quality early childhood practice. An understanding of the meaning of quality in relation to the variety of curicula beliefs held by the different early childhood movements and by the different groups of people associated with early childhood programmes is necessary before knowledge can be translated into practice in order to deliver high quality services.

CONCLUSION

Defining the concept of quality, developing measures of quality, and assessing the quality of centres is a complicated and complex task for researchers. There is a spectrum of possible definitions of the concept of quality and ways of regarding the concept. There are many perspectives in addition to the child development perspective from which centre quality may be viewed and examined. Study of the effectiveness of different strategies and mechanisms to promote quality is an on-going research concern. Just as there exists no single definition of quality there also is no single clearly superior mechanism for promoting higher quality and no single measure that on its own is able to adequately capture the diversity and complexity inherent in early childhood centres and reflect the ecological context in which programmes operate.

Assessment of quality that is formative in nature, tied in with society's goals for early childhood education and care and is relevant to the early childhood field seems most likely to have a positive impact on the quality of centres and on pedagogy. We need to strengthen the knowledge base about the nature of quality early education and care in New Zealand and the conditions necessary for ensuring and promoting high-quality. This should be carried out in close collaboration with practitioners, parents and others who share an interest in early education and care.

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